



Montana Department of
LABOR & INDUSTRY
Employment Relations Division

BOARD OF PERSONNEL APPEALS

UNFAIR LABOR PRACTICE CHARGE

FOR BOARD USE ONLY

CASE NO: _____
DATE FILED: _____

INSTRUCTIONS: This form must be completed in its entirety. Please print or type. Submit original and three copies of this charge to: THE BOARD OF PERSONNEL APPEALS, PO BOX 201503, HELENA MT, 59620-1503. If more spaces are required for any item, attach additional sheets and number items accordingly.

1. **NAME OF CHARGING PARTY:** (Complainant):

TELEPHONE:

EMAIL ADDRESS:

2. **MAILING ADDRESS OF COMPLAINANT:** (Number, Street, City and Zip Code)

3. **AFFILIATION** (Parent/National Organization, if any):

4. **NAME OF PARTY AGAINST WHOM THE CHARGE IS MADE:** (Defendant)

TELEPHONE:

EMAIL ADDRESS:

5. **MAILING ADDRESS OF DEFENDANT:** (Number, Street, City and Zip Code)

6. **AFFILIATION** (Parent/National Organization, if any):

7. **DETAILS OF CHARGE:** (A clear and concise statement of facts constituting the alleged violations should be made, including the time and place of occurrence of particular acts, **AND A SPECIFIC STATEMENT OF THE PORTION OR PORTIONS OF THE LAW OR RULES ALLEGED TO HAVE BEEN VIOLATED.**) Attach additional sheets if necessary.

8. If the charge alleges a violation of Section 39-31-401 (5) MCA, or Section 39-31-402 (2) MCA, has the charging party requested the Board of Personnel Appeals to provide mediation assistance, pursuant to ARM 24.26.695 of the Board's rules?

Yes _____ No _____

STATE OF MONTANA

County of _____

_____, BEING DULY SWORN DEPOSES AND SAYS, that he/she is the charging party above named, or its representative, that he/she has read the above charge (including attached page/s) and is familiar with the contents thereof, and the same are true to the best of his/her knowledge.

(Notorial Seal)

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20_____

(signature of notary)

NOTARY PUBLIC FOR THE STATE OF MONTANA.

RESIDING IN _____, MONTANA

My commission expires _____, 20_____

Signature of Complainant

Title